

Declaration and Power of Attorney for U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled

(Insert Title) SELECTION MARKERS USEFUL FOR HETEROLOGOUS PROTEIN EXPRESSION

the specification of which is attached hereto unless the following box is checked:

☒ was filed on February 4, 2005 As PCT International Application
 Number PCT/GB2005/000372 and was amended on _____
 and/or was filed on _____ As U.S. Patent Application
 Number _____ and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International Application having a filing date before that of the application(s) for which priority is claimed:

(List prior foreign applications)	(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

☐ See attached list for additional prior foreign or provisional applications.

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) (U.S. or PCT) in the manner provided by the first paragraph of 35, U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(List prior U.S. Applications or PCT International applications designating the U.S.)	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

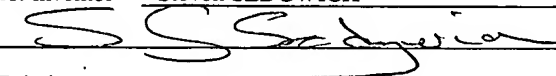
Power of Attorney: I hereby appoint all registered practitioners associated with the firm of Arent Fox, Customer Number 004372, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all communications to the following address: Customer No. **004372**
 ARENT FOX PLLC
 1050 Connecticut Avenue, N.W., Suite 400
 Washington, D.C. 20036-5339
 Telephone No. (202) 857-6000; Facsimile No. (202) 638-4810

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from the undersigned's assignee, if any, and/or, if the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney or patent agent, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Steven SEDGWICK

Inventor's signature 

17 Oct 2006
Date

Residence Great Britain

Citizenship British

Post Office Address c/o The National Institute for Medical Research, The Ridgeway, Mill Hill, London, NW7 1AA, Great Britain

Full name of second inventor Marco GEYMONAT

Inventor's signature _____

Date

Residence Great Britain

Citizenship Italian

Post Office Address c/o The National Institute for Medical Research, The Ridgeway, Mill Hill, London, NW7 1AA, Great Britain

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from the undersigned's assignee, if any, and/or, if the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney or patent agent, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Steven SEDGWICK

Inventor's signature _____

_____ Date

Residence Great Britain

Citizenship British

Post Office Address c/o The National Institute for Medical Research, The Ridgeway, Mill Hill, London, NW7 1AA, Great Britain

Full name of second inventor Marco GEYMONAT

Inventor's signature _____

17/10/06
Date

Residence Great Britain

Citizenship Italian

Post Office Address c/o The National Institute for Medical Research, The Ridgeway, Mill Hill, London, NW7 1AA, Great Britain